

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-870)**

10/506862

FILING DATE

9700000

**CLAIMS**

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	8					
TOTAL DEP.	11					
TOTAL CLAIMS	19					

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
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